

The Mental Treatment Act (Northern Ireland), 1932 : Some Practical Points

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THE Mental Treatment Act (N.I.) comes into force on 1st October; and this seems an opportune occasion for placing before the medical profession in Northern Ireland a digest of the Act in so far as they are or may be concerned.

The first point worthy of note is the fact that, whereas hitherto mental cases could only be treated in public or private asylums, in future they may be received into "houses," nursing-homes, hospitals, or into public or private mental hospitals, the only proviso being that the houses, nursing-homes, or hospitals concerned must have been approved and registered by the Ministry of Home Affairs.

The methods of admitting patients to the above authorised places of treatment are similar. There is no difference between the person with means and the person without. Patients may be admitted in one of three ways :—

- (a) Voluntarily.
- (b) Temporarily without certification.
- (c) With certification.

(a) Any person over the age of 16 years suffering from an illness of a mental or kindred nature may be received for treatment by making a written application to the person in charge of one of the above-mentioned institutions. In the case of a person under 16 such application must be made by a parent or guardian, and must be accompanied by a medical certificate of approved form. This certificate shall be valid for a period of fourteen days from the date of the last examination of the patient. A voluntary patient may leave the place of treatment on giving seventy-two hours' notice in writing of his intention to do so.

(b) A patient, unfit on account of his mental condition to be admitted voluntarily and who is likely to recover within six months, may be admitted for temporary treatment on a written application by a relative or other authorised person. This application must be accompanied by a recommendation completed by two medical practitioners, who shall have either conjointly or separately examined the patient. In the latter event, a period of over five clear days between the dates of examination invalidates the recommendation, which otherwise has effect for fourteen days from the date of the last examination. *No recommendation by a magistrate is required.*

(c) Under this category patients must, as in the past, be certified as being of unsound mind. A reception order made by a resident magistrate or justice of the peace following the submission of a petition with the medical certificate, authorises the patient's admission and detention.

In cases of urgency, where it is advisable either for the welfare of the patient or for the public safety that such patient should be immediately placed under care and

treatment, an "urgency order," accompanied by a medical certificate in proper form, authorises the patient's admission until such time as the petition has been submitted and disposed of. Such urgency orders remain in force for seven days. Should the medical practitioner who completed the medical certificate for an urgency order or petition for a reception order, be of the opinion that a police escort is required for the safe conveyance of a patient to an institution, he can, by signing an "escort certificate," authorise the provision of a police escort. As the authorities governing the institution to which the patient is removed are liable for the payment of expenses incurred in this way, it is hoped that police assistance may not be too freely called for.

The special forms required are according to schedule, and are self-explanatory.

Special provision has been made in this Act to protect medical men from legal proceedings. Unless the High Court is satisfied that there is substantial ground for the contention that a certificate has been issued in bad faith or without reasonable care, leave will not be given to the applicant to bring any proceedings against the certifier.

The above few remarks cover the chief points of importance in the Act in so far as it is of interest to the profession in Northern Ireland.

NATIONAL HEALTH INSURANCE NOTES, BELFAST AREA

THE Medical Service Committee has had a number of important matters before it during the last three months. These include irregularities mainly with certification, and it was thought that a short account of these would be of interest to our readers.

The first of these was due to failure to complete and return Form M.R.3 to the Medical Officer, showing the medical history of persons referred for examination to the Medical Referee. Paragraph 48 (a) in Terms of Service states :

"A practitioner is required to furnish in writing to the Medical Officer, within such period as the latter may specify, any information which he may require with regard to the case of any patient to whom the practitioner has issued, or declined to issue, a medical certificate of incapacity for work."

Eight practitioners were cautioned for failing to fulfil this obligation, and I would warn practitioners that in future a more severe penalty will be inflicted for failing to return Form M.R.3.

Another matter which engaged the attention of the Committee was failure to state co-existent pregnancy on a certificate of incapacity, contrary to paragraph 77 of Terms of Service. The practitioner in this case was reprimanded and warned to be more careful in future. The inference is that practitioners should be careful to state on any certificates of incapacity they are issuing, pregnancy when diagnosed, and the approximate duration.

Six practitioners were cautioned for failing to return clinical records referring to persons ceasing to be insured or transferring to other doctors. It is obligatory under paragraph 46 of Terms of Service for a practitioner to keep and furnish